IFW/P

Attorney Docket No. BSCU-011/01US PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Bottcher et al.

Serial No.:	10/608,856	Examiner:	Bruce Edward Snow
Confirmation No.:	8238	Art Unit:	3738
Filed:	June 27, 2003		

For: **Medical Stent With Variable Coil And Related Methods**

U.S. Patent and Trademark Office
Customer Service Window, Mail Stop Amendment
Randolph Building
401 Dulany Street
Alexandria, VA 22314

TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed December 21, 2004 for the above-identified application:

[x] Amendment/Response along with copies of the following:
1) A stamped postcard indicating that an Information Disclosure Statement along with copies of references was filed on November 24, 2003;
2) An executed Terminal Disclaimer; and
3) A Certificate of Merger/Name Change document (5 pages)

[] Petition for Extension of Time
[] Request for Approval of Drawing Changes
[] Information Disclosure Statement
[] Notice of Appeal
[] Associate Power
[] Revocation and New Power
[] Change of Address
[x] Return receipt postcard
[] Check in the amount of $0.00 for the total fee as calculated below
[] Other:

03/29/2005 GWOOTEN 00000001 501283 10608856
Sale Ref: 00000001 DA#: 501283 10608856
01 FC:1814 130.00 DA

The fee has been calculated as follows:

	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	25	- 24 =		x $50.00	$50.00
Independent Claims	3	- 5 =		x $200.00	
If multiple dependent claims are presented, add $360.00					
Total Amendment Fee					$50.00
If small entity status is applicable, subtract 50% of Total Amendment Fee					
Other fees: (specify)					
TOTAL FEE DUE					$50.00

[] A check for the total fee is attached.

[x] Please charge $50.00 to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: March 21, 2005

Respectfully submitted,
COOLEY GODWARD LLP

By: _____
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number: 10608856

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	44	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	44 minus 20=	* 24
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	24.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	834.00

CLAIMS AS ~~AMENDED~~ AMENDED - PART II

02/17/05

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 25	Minus	** 24	= 1
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$~~18~~=	50.
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	3200

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.